



RESEARCH BRIEF

Evaluation of LAUP's Coordinated Quality Improvement Support Services Approach: A Case Study Method, FY 2016-17

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September 2017

LAUP has developed and implemented a coordinated services approach to serving its sites that incorporates the core elements of its program model. These elements (program leadership, coaching, family engagement, workforce development, quality assessment, and data management) are supported through the ongoing efforts of LAUP Quality Improvement (QI) teams, who are assigned to sites based on their Quality Continuum Framework (QCF) Tier rating.

This qualitative case study evaluation was designed and implemented during the 2016-17 program year, across four purposively selected sites, to illustrate the coordinated services approach in practice and to tell each story of the different roles, contexts, and outcomes over a period of time. Elements of the Success Case Method (SCM) approach (Brinkerhoff, 2002) were adapted for this evaluation, to provide rich and nuanced descriptions of how the approach was carried out at the site level. The following are key findings from the evaluation:

- Observed QI staff-provider relationships were positive, reciprocal, and focused on quality improvement. All LAUP QI staff believed that the providers were open to their feedback and recommendations, based on their visits.
- Observations showed various levels of coordinated services, from those in which the QI staff at a given site worked closely together to those in which the staff were more disconnected. Case sites with the greatest coordination among QI staff showed the greatest impact on support to the site, providers, and families.
- Providers received and benefited from targeted support through the coordination of the LAUP QI team. Many improvements related to achieving identified goals emerged over the study period.
- All LAUP QI staff shared that they were encouraged by their supervisors to reach out to their team members, in order to communicate information about providers' needs and to describe the support they were giving.
- None of the barriers to change or improvements at the sites appeared to be related to the level of coordination of LAUP field services. Challenges to implementing a fully coordinated approach by the QI team were likely due to underdeveloped infrastructures that would have been necessary to ensure productive communication.

Recommendations based on this study's findings were generated to guide the implementation of LAUP's interdisciplinary approach to supporting sites' quality improvement. The three key recommendations were (1) developing and implementing Program Manuals to ensure fidelity of support, reduce overlap in services, and promote evaluation; (2) reinstating team meetings as a means of support and communication for the QI team; and (3) strengthening the coordinated services approach to mitigate potential challenges that may arise when a site also works with coaches or support staff from other agencies (e.g., Head Start).

Overview

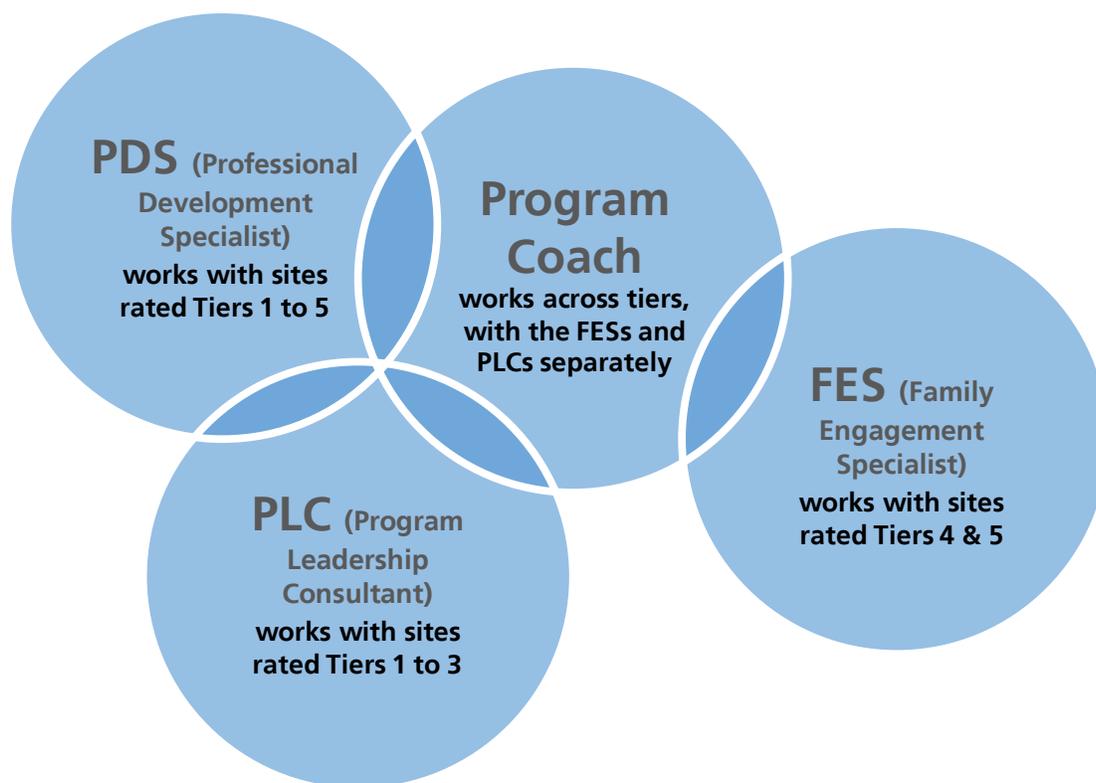
LAUP has developed and implemented a coordinated services approach to serving its sites that incorporates the core elements of its program model. These core elements (program leadership, coaching, family engagement, workforce development, quality assessment, and data management) are supported through the ongoing efforts of LAUP Quality Improvement (QI) teams, who are assigned to sites based on the sites' QCF Tier ratings. These Tier ratings (1 - 5) are determined through a systematic data collection process and standardized rubric criteria. Sites that receive a Tier rating of 1, 2, or 3 require intensive and comprehensive support across the QCF domains to ensure upward movement. These sites are assigned a Program Leadership Consultant (PLC), a Program Coach (PC or Coach), and a Professional Development Specialist (PDS). Sites with a Tier rating of 4 or 5 are determined to be at a higher level of quality and prepared to involve their communities. These sites do not require the more foundational services of a PLC, and instead are assigned a Family Engagement Specialist (FES) who works with the Coach to improve the site's family engagement efforts.

Table 1. Ongoing Support Responsibilities of LAUP QI Staff¹

LAUP QI Staff	Description
Program Leadership Consultant (PLC)	The PLC works on-site with directors during regular visits to develop and strengthen leadership skills and improve overall site quality. PLCs are only assigned to centers at QCF Tiers 1-3. ²
Program Coach (PC or Coach)	Coaches are assigned to every LAUP site, regardless of Tier rating. Through regular site visits, the Coach works directly with teachers to identify areas for improvement and set goals for improved teacher-child interactions and environmental quality. Coaches coordinate with PLCs or FESs to ensure seamless communication with the site.
Family Engagement Specialist (FES)	The FES works primarily with directors, during regular visits, to help sites build and improve ways of working with families using the Strengthening Families Protective Factors approach. FESs are only assigned to sites at QCF Tiers 4-5.
Professional Development Specialist (PDS)	PDSs work with identified sites and staff to improve their education and qualifications. They promote permit and degree attainment through individual advisement and transcript review.

Traditionally, coaching has been a professional development effort used in early education contexts and delivered by a single, all-purpose coach (Sheridan, Edwards, Marvin, & Knoche, 2009). Because the LAUP model provides support by “specialized coaches” (such as those focused on family engagement or leadership), it is vital that the team be coordinated to provide seamless support to sites and providers. Figure 1, adapted from LAUP’s Program Improvement Manual (2016-17), illustrates the coordinated services model.

Table 1. Ongoing Support Responsibilities of LAUP QI Staff¹



¹ While Quality Assessors and Research Analysts also support QI work, they were not a focus of this study because their support is not observable at sites.

² During the 2016-17 program year, not all Family Child Care sites at QCF Tier levels 1-3 had PLCs assigned to them. This may have been due to high PLC caseloads and low staffing (LAUP Research & Evaluation Supervisor, email communication, January 17, 2017).

In Fall 2016, four sites were purposively selected to represent the variability across the sites and to provide insight into differences that might arise due to site variations, such as QCF Tier rating and program type (e.g., family child care, center-based). In the two case sites with higher Tier ratings, the Coaches conducted observations of instruction, made connections to positive interactions and environmental features (related to the CLASS™ and ERS³ assessments), and debriefed site staff with meaningful feedback. In the two sites with lower Tier ratings, the Coaches focused less on working directly with teachers through observation and feedback, and focused more on supporting the site on systems and procedures that needed to be in place to improve the Tier rating and program quality.

Observed QI staff-provider relationships were positive, reciprocal, and focused on quality improvement. QI staff believed that the providers were open to their feedback and recommendations.

Providers were open to feedback, openly shared experiences and updates with QI staff, and worked to implement positive changes and recommendations in their practice and for their sites. QI staff worked to build positive and trusting relationships with providers, to provide support and resources, and to reinforce quality practices. Observations of QI staff-provider interactions highlighted opportunities for providers to give feedback and collaborative input. Providers engaged in discussions, often taking notes, asking questions, or sharing experiences.

Observations showed various levels of coordination in services, from sites at which the QI staff worked closely together to those at which the QI staff were more disconnected.

Directors at the four case sites did not appear to experience confusion about the different roles of the LAUP QI staff, despite observed variations in implementation. Directors understood the different functions of their Coach and the FES or PLC. Similarly, they understood that the PDS worked exclusively on areas related to their professional growth, such as permits, stipend requirements, and college coursework. They established positive relationships with each QI staff member and understood what to expect during their visits. Any observed disconnect took place amongst the QI staff themselves, particularly when it came to the PDS and the support she offered to the sites. Greater communication and coordination of services between the PDS and other QI staff would result in less overlap of services. For example, at one case site, the Coach would have been able to spend more time on improving teacher-child interactions or environmental features, and less time on workforce development areas that were already supported by the PDS.

Case sites with the greatest coordination between QI staff showed the greatest impact on support to the site, providers, and families.

Quality improvements and changes focused mostly on ERS requirements and workforce development areas that would contribute to an increased Tier rating. Specific examples included acquiring new outdoor equipment, meeting teacher qualifications, and instituting proper diaper-changing procedures. At one case site (an FCC), the coordination between the Coach and FES allowed the Director to hold more parent workshops to increase parents' understanding of transition to kindergarten, curricular choices, and health and wellness strategies. At a second case site, the coordination of the Coach and FES facilitated positive changes; both shared information with the Director and teachers about working with parents around sensitive topics, and about ways to support teachers, parents, and children. This coordination enabled the providers to understand how addressing sensitive topics might be perceived from multiple perspectives, and promoted positive changes in procedures at the site level. Additionally, at this site, some "behind the scenes" sharing of information with the PDS highlighted the potential for future coordination and benefit to the sites. At a third case site, the Coach and PLC coordinated their services to provide targeted support on the same specific areas (e.g., improving outdoor environment and ERS scores), to promote quality and lead to a Tier rating increase. This targeted support led to positive changes made by the Directors, as evidenced by renovations to existing structures and play areas and development of achievable objectives.

³ The Environmental Rating Scales (ERS) are comprised of four scales that each assess different areas of early childhood education (FCCERS-R, ECERS-R, ITERS-R, and SACERS). See <http://ers.fpg.unc.edu/about-environment-rating-scales>.

Providers received and benefited from targeted support through the coordination of LAUP QI staff. Many improvements related to achieving identified goals emerged over the study period.

QI staff support led to the achievement of goals that had been set during development of the sites' Quality Improvement Plans (developed with the Coach, PLC, and FES) and Individual Professional Development Plans (developed with the PDS). QI staff worked together to plan and provide professional development opportunities, meetings, and parent workshops in topic areas including transition to kindergarten, strategies for children with special needs, enhancing outdoor areas, and quality teacher-child interactions. Providers also received coordinated support with quality assessments (e.g., ERS, CLASS), with particular focus on targeted areas for improvement that would raise Tier ratings.

These findings are consistent with research on the benefits of coordinated services, particularly in working with FCCs. Studies have found that supportive relationships, regular visits, support with quality assessments, and training opportunities were promising practices for improving program quality in FCCs. Further, support that focused only on business help, external trainings, peer mentoring, or free materials, without an emphasis on staff-provider interactions around quality and care of children, did not have a significant relationship to quality care (Wilcher, Gebhard, & Williamson, 2012).

All LAUP QI staff shared that they were encouraged by their supervisors to reach out to other QI staff and communicate information about providers' needs and the support they were giving.

QI staff spoke positively about this encouragement and understood the underlying benefits of this communication and coordination of services. This was also observed in the communications between the Coach and FES or PLC. In fact, all Coaches spoke positively about their communication with the FES or PLC at the site, and vice versa. However, despite this understanding, communication did not fully extend to the PDS, although all QI staff acknowledged that there were ways to improve the current status.

None of the barriers to change or improvement at the sites appeared to be related to the level of coordination of QI services. Challenges to implementing a fully coordinated approach by QI staff were likely due to underdeveloped infrastructures necessary to ensure productive communication.

Any observed barriers to improvement were related to the conditions of the sites themselves, such as lack of funding or resources, or changes in agency sponsorship. For example, at one site, some of these challenges were related to the Directors' inconsistency, limited follow-through, and difficulty with setting achievable goals. LAUP QI staff persisted, and incorporated strategies to help the Directors overcome these challenges. The Coach worked with the Directors at this site to set and document goals that could be accomplished in a 30-day period. At another site, the Coach and Director discussed the FCC's new agency's requirements and supported the site with strategies to minimize overlap while still meeting QRIS goals.

At the organizational level, recurring team meetings for QI staff had been put on hold during the 2016-17 program year. Instead, QI staff were asked to rely on a calendar of meetings during which sites were to be discussed, as needed. The suspension of this aspect of the coordination and communication chain presented a challenge to the coordination of services, particularly as it applied to the Coach and PDS. Further, the absence of team meetings meant that seeking out and sharing information pertinent to a site fell to the initiative of each individual QI staff member, and created a lack of necessary support for QI staff.

Recommendations

The coordinated services approach adopted by LAUP to create seamless support in coaching, leadership, family engagement, and professional growth is a significant and worthy effort to promote and maintain quality among early childhood education sites and providers. While it may be too early in its evolution to determine “best practices” for implementation, the following recommendations may move the approach toward achieving its intended goals.

Continue developing, refining, and finalizing Program Manuals to ensure fidelity of support, reduce overlap of services, and promote evaluation. Prior research using multisite case studies has shown a clear need for a program manual that outlines procedures for delivering on-site support related to quality improvement, in order to improve the delivery of services as well as the ability to evaluate the program’s effectiveness (Zaslow, Tout, & Halle, 2012). The use of Program Manuals is also likely to minimize or prevent overlap of services, as QI staff are given a clear understanding of responsibilities. Further, the research suggests the need to adhere to a common approach when multiple staff are working to provide specific supports and services to a shared site. LAUP’s coordination of services model has laid the groundwork for this move toward more seamless, effective support.

Revitalize or re-conceptualize team meetings as a venue for QI staff to come together and discuss shared sites. While members of each content area held their own meetings and supervisors encouraged cross-content communication, it was truly left in the hands of the individual staff members to communicate on their own. QI Team meetings should be reinstated into regular practice as an important means of ensuring, maintaining, and assessing the level of coordination at each site. The research literature supports the positive effects of coordination and collaboration among specialized coaches; this coordination should be supported by the supervisors and incorporated into the structure of a QRIS system. This collaboration would include group meetings and purposeful communication about shared sites (Isner et al., 2011).

Strengthen the coordinated services approach to mitigate potential challenges that may arise when a site also works with coaches or support staff from other agencies (e.g., Head Start). Studies have shown that cross-agency support may lead to confusion and inconsistency of implementation at a site. Different agencies may bring different expectations and varied knowledge of the QRIS system to the site (Isner et al., 2011). Coordinating services at the program level would certainly help mitigate some of the potential challenges of cross-agency services.

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Appendix. Methodology

Evaluation Questions

The following questions were developed around five topics: site characteristics, activities, understanding and implementing the approach, evidence of change, and cross-site comparisons.

Table 2. Guiding Evaluation Topics and Questions

Topic	Guiding Questions
Site Characteristics	<ul style="list-style-type: none"> What were the characteristics of each site?
Activities	<ul style="list-style-type: none"> How did QI staff spend their time during visits? What did communications look like? How were their activities and advice received by site staff? How satisfied were site staff with what they learned through their engagement? Were there opportunities for site staff to provide feedback or collaborative input?
Understanding and Implementing the Approach	<ul style="list-style-type: none"> Was there evidence of coordination or were services implemented in a segregated manner? Were the QI staff and site staff aware of the coordinated approach? What challenges were there in implementing the approach? Did QI or site staff have recommendations for improving the coordinated approach?
Evidence of Change	<ul style="list-style-type: none"> What were observed site/provider improvements and successes? What were barriers to implementation of change or improvements? How did QI and site staff deal with these barriers?
Cross-Site Comparison	<ul style="list-style-type: none"> Did implementation, outcomes, and perspectives differ across the various sites? What might these differences be attributed to? What cross-site successes can be highlighted as “best practices”? What recommendations might be offered to improve the coordinated approach?

Evaluation Methods

A qualitative case study methodology was chosen to illustrate the coordinated services approach in practice at each of the sites, and to tell each site’s story of varying roles, contexts, and outcomes over a period of time. The evaluation employed elements from The Success Case Method (Brinkerhoff, 2002) in its design and implementation, as a vehicle toward meeting these overarching evaluation goals. The Success Case Method (SCM) is a practical approach that utilizes rich and persuasive description to highlight successes in programs and organizations; it allows for greater flexibility in data collection, and greater nuance in analysis and reporting. The intent is that these successful case studies may promote understanding as to why programs, initiatives, and strategies worked, and when applicable, to provide insight into why they did not.

The evaluation took place during the 2016-17 program year, between the months of September and June. Four sites were purposively sampled to represent the variability across the sites and to provide insight into differences that might arise due to site variations, such as QCF Tier rating and type (e.g., family child care versus center-based care). The sample included two family child care centers (Tiers 3 and 4) and two center-based sites (Tiers 2 and 4). Site and provider names were not reported, as previous or current knowledge of sites and staff might otherwise bias interpretations or overshadow findings.

Table 3. Data Collection Methods and Sources

Method/ Instrument	Description and Source
Direct Observation	During site visits accompanied by an LAUP QI staff member, the evaluator observed activity and generated field notes about the site, about interactions between LAUP QI and site staff, and about interactions with parents and children (if present).
Informal and Structured Interviews	During site visits, the evaluator conducted interviews with LAUP staff and site staff. Informal interviews were short, unstructured interviews including questions derived from observed activities and interactions. Structured interviews were conducted, as much as possible, using pre-determined questions.
Open-Ended Questionnaires	Questionnaires were developed to gather supplemental data such as background information on the site, working relationships among LAUP QI staff, and perceptions of effectiveness. Questionnaires were developed for LAUP QI staff and for the primary contacts (e.g., Directors) at each site.
Ongoing Electronic Communications	Electronic communication loops were established with LAUP QI staff for such purposes as scheduling visits and sharing of documents. LAUP staff also shared copies of communication with other QI staff (as applicable) regarding the sites.
Document Review	Visit summaries (developed by LAUP QI staff), Quality Improvement Plans, field notes, and relevant reports pertaining to the sites were reviewed and used to inform the case descriptions.

All data were analyzed across the sites to identify similarities and differences, as well as challenges and successes. Where applicable, qualitative coding and categorization techniques were used in the analyses.

For more information about this evaluation please contact researchmail@laup.net.